

S. No. 2
-11-10-39
7. 5-17-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17517**
Registrar's No. **2044**

Registration District No. **399**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)
In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 4241 Prospect Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1940 hour 1 minute 35 P.M.
21. I hereby certify that I attended the deceased from Feb 4
1939, to May 16, 1940
that I last saw him or her alive on May 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Perforated ulcer of colon
Due to ulcerative colitis
Duration 10 days
Due to 2 yrs

Other conditions Rupture preceded by 1st streptococcus sore throat
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations:
Of autopsy:
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Billie Patton Cook 207

3. (b) If veteran, name war None 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Ernest R. Cook 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 28, 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 1 18 hr. min.

9. Birthplace Trenton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Pierson

13. Birthplace Trenton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace Trenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest R Cook

(b) Address 4241 Prospect

17. (a) Burial (b) Date thereof May 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) May 17, 1940 (b) M. M. Crone
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury !

23. Signature P. M. Nunn (M. D. or other) ✓
Address 520 Southwest Blvd Date signed 5-17-40

534 Southview Blvd - 11 - (11)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.